

10-23-02

| POSITION                  | INITIALS | ID NO. | DATE       |
|---------------------------|----------|--------|------------|
| FEE DETERMINATION         | S        |        |            |
| O.I.P.E. CLASSIFIER       |          |        |            |
| FORMALITY REVIEW          | M H      | 635    | 10-9-14-00 |
| RESPONSE FORMALITY REVIEW |          |        | 10-16-00   |

## INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

| Claim | Date             |
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| Final | Original 5/22/04 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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